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AUTHOR Tentoni, Stuart C.
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ABSTRACT

This paper reviews the literature on the developmental stages of trainees and supervisors and how experience changes each of these groups. The assumption that trainees and supervisors learn and improve as they gain in experience does not explain how psychology trainees and supervisors change. The nature of this change leads to a number of questions: (1) Should the supervisory process be proactive or reactive? (2) Should the trainee learn the theoretical orientation of the supervisor or should the supervisor adapt to the trainee's theoretical orientation? and (3) Should supervision models be based upon counseling theories? While much of the research on trainee changes implies a stage theory of trainee development, there has been little systematic research on supervisor changes. What is known about supervisor development reveals that supervisors do not become more competent as they gain experience. Since practicums are essential in trainee development and since supervisors of trainees have to make every minute of supervision count, a co-therapy or co-intake procedure allows the supervisor to offer trainees more immediate and relevant feedback regarding intake and therapy sessions. Co-therapy also immerses trainees in the therapy process, allowing a continual focus on the student client and on the trainee's needs. (RJM)

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Using Co-Therapy in the Training of Therapists

Stuart C. Tentoni, Ph.D.
Norris Health Center
University of Wisconsin—Milwaukee
P.O. Box 413
Milwaukee, Wisconsin 53201

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Abstract

This paper, based upon a 1994 symposium presented at the 102nd Annual Convention of the American Psychological Association, reviews the literature on trainee and supervisor developmental stages and changes that occur in each with experience. Using *co-therapy*, as a form of live supervision, may accelerate or eliminate the need for a trainee to progress through stages due to rapid immersion into a case. It was also felt that supervisors could provide trainees with better detailed and relevant performance feedback using live supervision.

USING CO-THERAPY IN THE TRAINING OF THERAPISTS

In a general overview of psychology trainees and supervision, it is assumed that trainees and supervisors learn and improve as they gain in experience (Worthington, 1987). Both parties should have a vested and emotional interest to ensure that growth occurs. However, Worthington (1987) pointed out that assuming this learning and improving occurs does not explain *how* psychology trainees and supervisors change as they gain in experience. This assumption has generated several conflictual issues requiring thoughtful resolution before discussion the supervisory aspect of psychology training.

One conflict is whether the supervisory process should be *proactive* or *reactive* (Worthington, 1987). Most *proactive supervision* is driven by an agenda, in which sessions and goals are identified and planned and the interventions are initiated by the supervisor (Worthington, 1987). *Reactive supervision* also identifies goals, but the supervisor waits for critical incidents and intervenes when those incidents occur, so there is no agenda (Worthington, 1987). Should the supervisory style change as trainees become more experienced ? Most pre-practicum level trainees and early-level practicum trainees tend to experience more *proactive* supervision. As these individuals become more experienced, the supervisory style become more *reactive*.

Another conflict identified by Worthington (1987) is whether the trainee should learn the theoretical orientation of the supervisor, or whether the supervisor should adapt to work within the theoretical orientation of the trainee. Once again, the supervisor represents the more critical variable with this issue. New trainees may be subjected to the supervisor's inflexibility toward a certain theoretical orientation, while interns and beyond are allowed more freedom in developing their own orientations.

Additional conflict exists in that some models of supervision are based upon counseling theories, adapted for use with trainees (Worthington, 1987). Component parts of the theory are identified and taught to trainees. The method of instruction is often the same that is used with clients in the counseling setting. Worthington (1987) alludes that while the nature of supervision changes as trainees gain in experience, the change might be more in terms of *content* than *process*. Another approach to supervision is not based on specific counseling theory. The supervisory style is merely matched to the level of the trainee, and determined by the supervisor's view of the *stages* of counseling; the supervisor's experience with trainees of varied experiences; and assessing the trainees' knowledge base and experience (Worthington, 1987).

Much of the existing body of research on trainee changes during

experience implies a *stage* theory of trainee development (Ard, 1973; Blount, 1982; Fleming, 1953; Friedlander, Dye, Costello, & Kobos, 1984; Gaoni & Neumann, 1974; Grotjahn, 1955; Hess, 1986; Hogan, 1964; Littrell, Lee-Borden, & Lorenz, 1979; Loganbill, Hardy, & Delworth, 1982; Stoltenberg, 1981; Wiley, 1982) with supervisory behavior consistent with the hypothesized *stage* of the trainee's development (Worthington, 1987). In Hogan's (1964) model, four stages of trainee development were theorized: *beginning* trainees were insecure, uninsightful, and neurosis-bound; *second-stage* trainees struggled with dependency-independency conflicts and were ambivalent about supervision; *third-stage* trainees were more self-confident and motivated; and the *fourth-stage* trainee was personally autonomous and self-assured. Stoltenberg (1981) expanded upon Hogan's (1964) model to that of a *counselor complexity model*. As a trainee develops, they become more cognitively complex. Stoltenberg was of the opinion that supervisors should create growth-producing environments for trainees. The *first-stage* trainee needed structure and could develop a sense of autonomy while protected by the structure. *Second-stage* trainees have to deal with identity issues and supervisors need to offer new skills and advise options from which the trainees can choose. *Third-stage* trainees need increased sharing, collegiality, and personal confrontation is occasionally sought and given. *Fourth-stage*

trainees need consultation when sought. The primary problem with the *stage* theory of trainee development is that it rests on little research, and *stage* theories offer little as to *how* transitions take place between stages, or what the supervisor does to result in trainee movement from one stage to the next (Worthington, 1987).

What is known about trainee development from the literature is that there is some support for general developmental models as proposed by Hogan (1964) and others, as perceptions of supervisors and trainees have been broadly consistent with developmental theories (Worthington, 1987). The behavior of supervisors does change as trainees gain in experience, as does the nature of the supervisory relationship itself (Heppner & Roehlke, 1984; Raphael, 1982; Reising & Daniels, 1983; Rickards, 1984; Worthington, 1984).

Unlike the literature on trainee development, there has been little systematic research done on supervisor changes with gains in experience (Friedlander & Snyder, 1983; Friedlander & Ward, 1984; Hess, 1986; Reising & Daniels, 1983; Worthington, 1984, 1987; Worthington & Roehlke, 1979) to the point at which Hess (1986) offered a three-stage developmental model of supervisors. In the *first-stage*, a new doctorate becomes a supervisor strictly by virtue of graduation. *Second-stage* supervisors gain confidence, competence, and are able to amaze trainees with their own psychological wizardry.

Supervisory enthusiasm increases trainee interest in counseling, but supervisors may behave in a manner that is too restrictive or too intrusive. *Third-stage* supervisors focus more attention to trainees' learning agenda and supervisors feel more satisfied when a trainee excels. The primary problem with the *stage* theory of supervisor development is a lack of explanation how supervisors might behave at different levels of development; differentiating between developing counseling skills and supervisory skills; ways in which supervision is learned; how supervisors modify their theory/model of supervision with experience; and what type of experiences help supervisors improve (Worthington, 1987).

What is known about supervisor development is that supervisors do not become more competent as they gain experience (Marikis, Russell, & Dell, 1985), nor was licensure and/or faculty status of supervisor a factor (Worthington & Stern, 1985). Once a supervisor reaches the advanced practicum level, they can supervise with effectiveness equal to that of post-doctoral supervisors (Worthington, 1987).

Given the preceding overview of trainee and supervisor development, creating effective psychology supervisors should be as important, if not more so, than producing competent psychology trainees (Bernard, 1981; Boyd, 1978; Forsyth & Ivey, 1980; Glenwick & Stevens, 1980; Kagan, 1980; Stoltenberg & Delworth, 1987). In

addition, approximately one-third of interns receive training in supervision, which only occurs in around 40% of the internship sites which leaves these interns deficient in the area of the structure of supervision (Hess & Hess, 1983). When interns are allowed to supervise, one-to-one supervision occurs in nearly one-third of the internship sites (Hess & Hess, 1983). Even more glaring is that only 50% of new supervisors had any training in supervision and of these only 20% ever had a course or seminar in supervision (McColley & Baker, 1982).

The supervision of psychology practicum students has tended to be a structured, mechanical process involving what Stoltenberg and Delworth (1987) would define as "Level One" type activities, such as tape recording of therapy sessions; one-way mirrored observation of therapy sessions and test administrations; and providing the trainee with after-the-fact feedback, which loses potency due to the time latency between the session and the supervision (McCrea, 1992). Stoltenberg (1990) also indicated that when one relies upon recording devices, trainees reach a level of resistance in which there are many equipment breakdowns and malfunctions. The practicum level of training is too vital for these problems to emerge.

The practicum setting is very important in a trainee's acquisition of skills to be later refined during the internship stage of training. The

practicum setting may also be undergoing more evolution as the time trainees spend in various practica is increasing. Davis, Alcorn, Brooks, and Meara (1992) reported that the Task Force on the Scope and Criteria for Accreditation, appointed by APA's Board of Directors, at their Third National Conference for Counseling Psychology, endorsed APA's 1986 accreditation standards of 400 hours of experience; with a minimum of 150 hours in direct service and 75 hours in supervision. These authors also reported that the Joint Council on Professional Education in Psychology, initiated by Divisions 29 (Psychotherapy); 42 (Independent Practice); and 43 (Family Psychology) recommended that practicum experiences be of 600 hours in duration. They went on in their article to add that the Association of Psychology Internship Centers (APIC), during the Gainesville Conference, recommended a practicum experience of a minimum of 450 hours of direct service and 300 hours in supervision. Most supervisors will find it very difficult to provide a trainee with quality and responsible supervision if the trainee is to receive one hour supervision to every 1½ to 2 hours of service they provide.

While every psychologist entering the fiduciary role of supervisor must hold that role paramount (Harrar, VandeCreek, & Knapp, 1990), working supervisors have to make every minute of supervision count. There is little time to spend listening to audiotapes, or watching

videotapes, or spending time behind one-way mirrors, if one's facility is even fortunate enough to have them, as some of us must see our own clients in addition to supervising. Since a psychology supervisor's legal liability to a client can be either direct or vicarious (Harrar, VandeCreek, & Knapp, 1990), the only way to know what is going on in a session is for the supervisor to literally be in the room with the trainee.

In our university's health center counseling setting, "*co-therapy*" and "*co-intake*" procedures have been utilized for the past three years in supervising psychology practicum students. First and foremost, each psychology practicum student was made a formal staff member of our Counseling Services Unit for their academic year placement with us. Their name would be added to our central roster in the main hallway. It was desirable for the practicum students to develop a professional persona, in addition to having one attributed to them by their own student clients. Student clients were scheduled to meet with the trainee *and* supervisor for an intake session. Our student clients were able to quickly adapt to this procedure and found having an extra person sitting in to be unintrusive. Both the trainee and the supervisor were free to interact with the client or to ask additional questions. If the intake session was led by trainee, the trainee was told in advance that any supervisor questions or comments to the student client would

not reflect upon their performance during the session. The intake session was quickly processed, as the trainee and supervisor had experienced the same client at the same time. Follow-up therapy sessions were handled much the same way.

This manner of supervision allowed for trainees to receive more immediate and relevant feedback regarding their intake and therapy sessions. The co-therapy process virtually eliminated any ambivalence or resistance on the part of the trainee regarding audio or videotaping of sessions, as had been reported by Stoltenberg (1990), as the taping of sessions became unnecessary. Having the supervisor sit in on the session could present itself as being the most intense, anxiety inducing situation a trainee could experience in a practicum setting. I would imagine there were times that trainees initially wished they could just tape sessions rather than have someone sit in with them ! However, the trainees desensitized rather quickly to the co-therapy situation, which provided the trainee with a "supervisory safety net" from which they both saw and used therapy skills (Storm, 1994). Fears over the power differential in the supervisor-trainee relationship and the supervisory process were virtually eliminated. Co-therapy also led to trainees becoming more rapidly immersed in the therapy process, which kept the focus of supervision on the student client, and the trainee's needs. While the literature tends to support the *stages* of development with

respect to trainees, the literature does not state that it is *mandatory* that trainees go through any *stages* in the acquisition of therapy skills. Therefore, it can be theorized that co-therapy could lead to a trainee either spending less time in any certain *stage* of development, or could possibly eliminate the *stages* altogether, for both trainee and supervisor, due to the rapid immersion into a case. In addition, it allows a supervisor to know *exactly* what a trainee is doing as it occurs, which leads to trainees getting more relevant and detailed performance feedback.

In closing, Dr. Ray Johnson, my former psychological assessment professor in the Psychology Department at the University of North Texas, once said that in order for one to be at the forefront of a great educational movement, all one needs to do is *stand still*. Perhaps we should consider co-therapy as a form of supervision that not only benefits the client and increases trainee confidence and competence, but that of the supervisor as well.

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